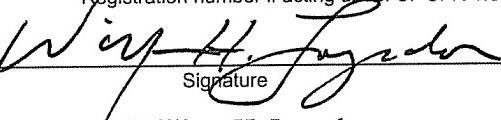


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |            | Docket Number (Optional)   |                  |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
|--|------------|--|------------------|------------|-------------------------|---|-------|------|------------------|---|-------|-------|-----------|---|--------|-------|-----------|--|--------|-------|-----------|--|--------|--------|-----------|
| <b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | 4544 - 051198  |                  |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| Application Number 10/531,846  |            | Filed 9/28/2005  |                  |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| For "Process for Producing Herbicides from a Fungus Alternaria Alteranata F.SP. Lantanae"  |            |  |                  |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| Art Unit 1651  |            | Examiner Irene Marx  |                  |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;"><u>\$ 130.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;"><u>\$</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;"><u>\$</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;"><u>\$</u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;"><u>\$</u></td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br/>Deposit Account Number <u>23-0650</u>.</p> |            |  |                  | <u>Fee</u> | <u>Small Entity Fee</u> | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | <u>\$ 130.00</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | <u>\$</u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | <u>\$</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | <u>\$</u> | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | <u>\$</u> |
|  | <u>Fee</u> | <u>Small Entity Fee</u>  |                  |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65   | <u>\$ 130.00</u> |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245  | <u>\$</u>        |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555  | <u>\$</u>        |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730     | \$865  | <u>\$</u>        |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350     | \$1175   | <u>\$</u>        |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form.<br/>Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>22,132</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 <u>                  </u></p>  |            |  |                  |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| <br><u>William H. Logsdon</u><br>Type or printed name   |            | <u>January 30, 2009</u><br>Date<br><u>412-471-8815</u><br>Telephone Number |                  |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>   |            |  |                  |            |                         |   |       |      |                  |   |       |       |           |   |        |       |           |  |        |       |           |  |        |        |           |